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Communications.

HÆMATURIC OR YELLOW REMITTENT.

BY EDWARD H. SHOLL, M.D.,  
Of Gainesville, Alabama.

This peculiar variety of remittent, which has for a number of years prevailed extensively in the Mississippi bottom and along the bayous of Louisiana and Arkansas, made its appearance, twelve months since, in the central cotton belt of counties in this State, as quite a common form of remittent, cases occurring in every month except February and March of the current year; the subjects of attack being *invariably* those whose health had been previously much impaired by exposure to malarial influences.

*Symptoms.* With the exception of the two marked elements classifying the disease, these differ but little from an ordinarily severe bilious fever. Either during the latter part of the cold, or the first three hours of the hot stage, the patient suffers rather more severely than usual with pain in the lumbar region, and feeling of distension in the bladder. On voiding its contents, in the vessel there is found a quart or more of bloody urine, varying in shade from a scarlet to a brownish-black. This peculiar discharge is repeated in frequency and quantity according to the severity of the attack. In from one to three hours the skin assumes a yellowish tinge, deepening rapidly in tint, according to the gravity of the case, from a lemon yellow to a deep brown. We have a circulation varying from 84 to 150, a temperature varying from 98° to 105°, (the last the highest I have ever found it,) falling sometimes, twelve hours before death, rapidly 4° or 5°, the skin sometimes cool, clammy, and unctuous, again pun-

gently hot, and giving off an earthy odor. The bowels are generally obstinately constipated, in rare cases there is diarrhoea. Ordinarily the tongue is not so much coated as in the milder varieties of remittents; it soon, however, becomes dry and cracked, unless the case is disposed to promptly resolve itself. In most attacks the patients suffer greatly from nausea and vomiting, the ejected matter varying in color from a pea-green to a coffee-ground black—the deeper the shade, the more tormenting the nausea, and the more scalding and acrid the discharge. We have convulsions, furious delirium, passive prostrated quiet, and perfect coma, the latter the result of the entire suppression of the urine. This brief summary embraces the leading features of this disease, and will readily decide its recognition.

*Anatomical Characters.* The first opportunity of making a careful *post mortem* was obtained for us by Dr. R. D. WEBB, Secretary of our County Medical Society, at our meeting in Nov., 1867; the subject, a man, æt. 40, having died with the disease twenty-four hours previously. Cadaver unusually rigid, emaciation slight, patient having been sick but four days. Liver less firm than usual, slightly enlarged, much engorged with blood; bile in unusual quantity. Gall bladder very much distended with a greenish, watery bile, its inner coat much softened. Stomach containing a small quantity of thin dark-green bilious matter, its inner coat slightly softened. Kidney, right smaller and firmer than normal; left, one-third larger than normal in size, its tissues much softened and easily broken down. Spleen enlarged one-half, softened, its mass giving away readily under pressure of the finger, deeply engorged with a dark grumous blood. Intestines and bladder presented no lesion.

Blood almost entirely deprived of fibrin.

The urine, tested by heat and nitric acid, was very heavily charged with albumen. In response to various tests, employing f<sub>3</sub>s. of urine, one-half to two-thirds of its bulk became firmly coagulated.

Under the microscope the urine presented ragged, disintegrated, and broken-down blood corpuscles.

In a recent *post mortem* made by Dr. PEARSON, of this county, the same characteristics presented themselves; the subject having been a regular drinker, the liver was found very much enlarged, its upper half being nothing but a pultaceous mass.

*Cause.* In an essay on "Certain Grave Forms of Malarial Fever," by Dr. KINNARD, of this county, in May, 1867, before the county medical society, as the result of observation in five cases occurring in his practice the preceding fall, the cause assigned and readily admitted, then and now, was that undefined and indefinable influence, *miasmatic*. It attacks all ages and sexes; the essential groundwork, however, of the disease being a system previously well broken down by repeated malarial attacks. The influence of race is marked. While the negro here is almost as obnoxious to ordinary miasmatic attacks as the white race, I have heard of but one instance of this form of disease among them, with a population outnumbering us eight to one. This attack was in a subject broken down by previous malarial poisoning, and was fatal. In this peculiarity it resembles yellow fever. It occurs more frequently in adults than in children.

*Diagnosis.* The only diseases with which it could possibly be confounded are yellow fever and jaundice. From yellow fever it may be distinguished, in the first place, by the subjects of its attack; in the second place, by the absence of the decided apyrexia characteristic of that disease; in the third place, by the bloody urine being the *initial* and diagnostic symptom of this disease. From jaundice, by the initial chill and succeeding fever, with the bloody urine making its appearance some hours usually before change of color in the skin.

*Prognosis.* This is eminently a grave dis-

ease. Of twelve cases I have seen in consultation and my own practice, six, or fifty per cent., have been fatal; the first three recovered, the next six died; one of the fatal cases was complicated with abortion; two of these deaths occurred in January of this year. Since then I have seen three cases, one in April, one in August, one this month (September). These all terminated favorably. The percentage of mortality during the present year, in neighborhoods where it is prevailing, is far less than last year, treated in the same manner by the same physicians. Suppression of urine, a gaseous pulse, absence of bile in the discharges from the bowels, with an increase in quantity and deepening in color of the urine, deep coma, and a bronzed skin, all look to an unfavorable termination. When the vomiting is continuous and protracted, and the mind unusually alert and active, with a quick, wandering eye, we have a combination of symptoms of gravest import. In this, as in all malignant diseases, when the patient is constantly trying to withdraw his hand from the physician who is feeling the pulse, and carry it back to his own body, we have but little grounds for hope. The gaseous or "lightning" pulse, as some of our physicians call it, leaves no hope for recovery. Death occurs in from eighteen hours to six days. Typhoid symptoms following the relief of the first attack are dangerous in the extreme. I have seen two attacks in the same individual, at an interval of ten weeks, the second by far the most severe, terminating, however, in recovery. If the liver responds promptly to medication, the urine grows gradually clearer, the nausea subsides, the skin assumes its natural hue, we have almost positive evidences of a favorable termination of the case.

Frequently, however, it is, as a friend aptly expressed it, simply "a form of death." These observations are based on the history of about thirty cases received from other physicians, in addition to the twelve above specified.

*Treatment.* Recognizing its essential nature at the outset, and believing its irruption to be caused by a more concentrated miasma, due to choked ditches, increasing stagnant water, and a vastly larger amount of decaying

vegetable matter festering in the summer sun, the mode of treating it was readily indicated to the observing physician, even though in his best endeavors his hopes were too often foiled.

The objects to be accomplished were three. 1st. To restore the secretion of the liver to its natural channel, thereby relieving the congested and overworked kidney. 2d. To counteract the specific blood-poisoning. 3d. To sustain and build up the system.

To accomplish the first we have the mercurial and vegetable alteratives. If the mercurial course which is most generally adopted is to be pursued and the patient is seen early in the attack, give from two to five grains of calomel, with one-quarter to one-half grain of ipecacuanha every two hours, avoiding opiates, unless there is diarrhoea, until the characteristic discharges are produced. Alternate every second hour with 20 drops of elix. vitriol, and 4 to 10 grains of sulph. quinine. If the stomach does not tolerate this, omit the acid and give the quinine in proportionate doses by enema, adding, if the bowels are irritable, small portions of laudanum. At the outset apply a large blister, four by six inches, to the lumbar region, immediately over the tender portion of the spine, and one, six by ten, over the region of the liver, stomach, and bowels. As soon as the distinctive action of the liver is manifest, suspend the mercurials and acid, continuing the quinine. If the discharges from the bowels are freely bilious, in twelve hours after the last dose of mercury, commence with tint. of iron, in from 15 to 20 drops every two hours, continuing quinine, and protracting the interval as improvement indicates. One thing is certain, if your patient will live long enough to discharge a good biliary secretion, the urine will grow clearer with each evacuation, until it is normal in color and consistence. If the vegetable alterative plan is determined upon, the following pill of Dr. ADOLPHUS is a good one:

R. Podophyllin, gr. ij.

Pulv. ipecac.,

Leptandrin,

Ext. hyoscyami, q. s. ft. mass.

M. Ft. pil. No. x.

Sig. One every two hours, until the liver is freely acted on.

With this plan of treatment, the tint. of iron can be used with the quinine from the beginning. Beef essence, ice, and whisky, as the patient desires or may need. Some physicians recommend the warm mustard bath at the beginning. Drs. JOLLY and PEARSON, who have had in their practice more of these cases to contend with than any physicians in this or Greene county, invariably adopt the mercurial plan.

I have been prolix, simply from the fact that we have no authorities who have dealt minutely with this subject; and I would ask the physicians of Mississippi, Arkansas, and Louisiana, who have long treated this form of remittent, to give through your columns some more light upon it; and I would especially request my old friend and classmate, Prof. JOS. JONES, of Nashville, who has been investigating the subject of malarial disease, to give us such information as his inquiries have elicited.

#### HOW DOES CHLOROFORM DESTROY LIFE?

By Z. C. McELROY, M. D.,

Of Zanesville, O.

The leading editorial in the REPORTER of 3d inst. on the "Medico-Legal relations of Chloroform" must be my apology for trying to throw some light upon a question which you deem, and perhaps is, important, but of less importance than a definite conception of "How does chloroform destroy life?" The writer is no longer young, and during a good many years of professional life groped about in the dark, without having any more definite conception of how medicines produce their effects than you seem to have, judging from the editorial which calls this communication into existence. The first results of my present path of inquiry were communicated to the readers of the REPORTER in February, 1867, in an essay on the New Philosophy of Force. Those of them who remember anything of that article will recall that it was predicted in it that the new philosophy was destined to revolutionize the science and practice of medi-

cine, which it has done effectually for the writer. The inquiry, on my part, has been steadily pursued since, as well as before, that time. Some of the results have been embodied in various papers, read to the Medical Society of the County in which the writer resides. Several of these have been published in various medical periodicals in Cincinnati, Indianapolis, Chicago, St. Louis, etc. Others have not been printed as yet, and very possibly may never be. One of considerable length, discusses the question of "how do medicines produce their effects," and conclusions arrived at entirely satisfactory to the writer. It may seem very ambitious for an ordinary country practitioner to undertake to solve questions which have been awaiting answers for so many centuries, but it was done for his own guidance and satisfaction, and while it would occupy too much space in the REPORTER to give in detail all the premises upon which the solution rests, it may serve present purposes to state that the inquiry had for its base the organic processes of animal life—nutrition and oxidation—or supply and waste—or, the assimilation of organic matter to the types and forms of the tissue in man; and their reduction in organization back to lower states of organization, and to the ordinary states of the elements in the inorganic world. The organs and structures were grouped, as they perform the offices of assimilation and elimination or parts of both, as the lungs. In studying the dynamics of organic life—or the forces concerned in organization—it was found that the human organism presented three groups of instrumentalities, viz., power or dynamic producers, power transmitters, and power consumers. In the first, are classed the larger and smaller brains, medulla, spinal chord, and ganglia and plexuses. In the second, the nerve chords. In the third, the whole organism. The dual lives of relation and conservation possessed by man, was duly noted. The one, conservation, having remissions only; the other, relations, being completely intermittent. It was found that these were influenced—that is, these organic processes of supply and waste—by every conceivable remedial measure, or therapeutic agent, in one of

two ways, at least by hastening or retarding them. In the case of chloroform it was found that the life of relations, i. e., sight, hearing, smell, taste and touch, were all suspended; and as all these are but modifications of sensation, and for the sake of consciousness, it may be stated thus: Chloroform suspends the life of relations, or sensation. Pushed no farther, it is perfectly safe, for an indefinite time. But given so as to interfere with the life of conservation, then there is the most eminent peril,—the mechanism of life arrested, never to be started again in too many instances; and yet not many, considering the number of persons who inhale chloroform for the purpose of interrupting the life of sensation, or relation to external objects every moment, in the civilized world. How chloroform does this could not be traced, or at least has not been traced by the writer, any further than furnishing conditions to limit or suspend molecular changes, destructive metamorphosis, or oxidation, in the power producing nerve masses; and to do that for the life of relations, as well as that of conservation, is to terminate life. And that, in all scientific probability, is the precise method how chloroform produces its effects. If this be true, your demand for professional experts to determine by the pathological lesions whether death has occurred in any given case from chloroform, is wholly on the wrong track. So far as the state of the circulation is concerned, and it has much to do with the appearance of some of the tissues after death by chloroform, you would scarcely find any two presenting the same appearances, for, as the powers or dynamics of life are extinguished, slowly or suddenly, you would find the circulation collected here and there, constituting, pathologically, "injections or congestions," or, and very certainly, you may find other tissues pale and flabby, because the dynamics held out to force the blood out of them, and thus form the congestions and injections. Any other lesions than those of congestions, or injections, would hardly be due to any influence chloroform can exert, which may certainly be set down as simply "furnishing conditions to limit molecular metamorphosis."

Now, in the case of Ignatz Hurst, suppose that Dr. NAST's first medicine was morphia, and it would be very likely that he would give some preparation of opium to a man in the condition described, its effect is the same as that of chloroform; that is, that it retards the molecular changes in the nerve or power producing masses; and if the quantity is large enough, just as certainly suspends them entirely, and the result the same as with chloroform—death. Dr. NAST, finding if he gave it that the opiate did not quiet his excited patient, ordered and gave chloroform. The result of both medicines acting to the same end, the one transiently—chloroform—the other more gradually and intensifying, for the time being, the influence of opium, their combined influence proved too much for the already enfeebled patient, and the result was death. The testimony in regard to the pathological lesions by Drs. CHABERT and BENSON is no doubt correct, as was, also, their opinion that his death was not due to the chloroform; but their explanations of why it was not so, are just such as any man would be likely to give, who had no conceptions of how chloroform produces its effects, or, for that matter, any other therapeutic agent; for if the precise mode of operation of any one agent can be made out it will furnish the basis for explaining how all medicines produce their effects. If any opium was given by Dr. NAST the probabilities are, that it was the means of hastening his patient's death, possibly aided by the chloroform in intensifying its effects—which, certainly are to restrain molecular changes, or molecular waste, if that will be better understood—in the nerve masses furnishing the dynamics of animal life. The verdict of the jury was, therefore, probably correct too in the main, for, in the absence of opium, the chloroform could hardly be justly charged with any part in the extinction of the patient's dynamics.

The only pathological lesions, then, that could be expected in a person who was in health, at the time of taking chloroform in fatal quantity, would be congestions and injections of various tissues, no two exactly alike, for the reasons stated.

It will, also, be seen that the words "poison" and toxic will need to have affixed to them new definitions based on the influence the agents possessing what are popularly and scientifically known as poisonous properties exert on the dynamics of life. For, in the class of poisons one included agents whose modus operandi are directly opposite, as chloroform furnishing conditions to limit molecular waste, and strychnia, which as certainly furnishes conditions to hasten molecular changes in the nerve masses, and interrupting the alternate contractions and expansions of the lungs and heart, and thus producing death by excessive dynamics, while chloroform produces death by suspending dynamic force, or the molecular changes on which dynamic force depends.

Interference with the structures of the nerve masses is followed by paralysis, as would be their isolation by destroying the power conductors to any given point—the nerves. So, a suspension for any considerable length of time of molecular changes, or destructive metamorphosis in the nerve masses, upon which the dynamic of life depends, is death, no more, no less.

The explanation here given of "how does chloroform produce death," even admitting, for the sake of argument, may not be true, but it, nevertheless, furnishes a definite conception of priceless value to those who give chloroform to their fellow men for any anesthetic purpose, and the writer must hold it to be true, until a better explanation is reached by himself or others.

#### CASES OF APOPLEXY—SUDDEN DEATHS.

REPORTED BY MARSHALL CALKINS, M.D.,  
Of Springfield, Mass.

Mr. S. C. Root, aged 20 years, a laborer in a sash and blind factory in full health, was suddenly attacked, while at supper, with severe headache. In ten minutes afterward, he said it seemed to him as though his head would burst; in a few minutes after, he became insensible. I arrived to treat the case within half an hour after the attack.

He had clonic spasms, mostly of the upper

extremities, more severe on the right side, but somewhat so on both. The lower limbs were moderately convulsed. The left pupil was very much dilated, the right contracted. The cardiac pulsations were feeble and irregular, the extremities cold, and of a leaden hue, with nausea and ineffectual efforts to vomit.

The opinion was given that a bloodvessel was ruptured in the brain, and an unfavorable prognosis given. Counsel was recommended, and Dr. H. R. VAILLE called.

The treatment pursued was the administration of an emetic to unload the stomach. At the suggestion of the consulting physician, venesection was tried. Chloroform was used as an anti-spasmodic, but no favorable result was attained by anything that was done for his relief.

The respiratory movements became more irregular and labored, and the circulation gradually failed until, at 4 A. M., ten hours from the time of the attack, he died.

Twelve hours after, the next day, an autopsy made by Dr. S. T. POMEROY, in the presence of several physicians, revealed a congested state of the dura mater and its arteries; the superior longitudinal sinus and its tributaries was filled to over distension with clotted blood, and in the right lateral ventricle was a large clot, completely filling the ventricular cavity. The pia mater was also congested. The clot was quite hard, and somewhat larger than a hen's egg. The general health of the young man had been unusually good for several days previous, but he had been subject to attacks of sick headache.

His temperament was nervo-sanguine. On the day previous to his death, he had labored in an upper room of the factory, under the roof, where the heat was quite excessive, and the thought occurred whether this might not have been an exciting cause of the rupture of the bloodvessels of the brain. No tuberclosis was apparent in his case.

Mr. —, aged twenty-five years, of good constitution and healthy parentage, had, in May previous to the present attack, diphtheria, from which he did not fully recover his maximum degree of health, but remained in an anæmic condition, for which iron and qui-

nine were prescribed. These remedies caused an improvement, but were omitted by the patient some six weeks before his last sickness. His health, in consequence of this omission, suffered so, that errors in diet caused gastric disturbance, vomiting, and diarrhoea. His occupation was that of a gun-barrel straightener, requiring the most intense application of the eye during his ten hours of daily labor. For a few days before the attack described in the sequel, he had complained of a partial loss of his accuracy of vision.

Aug. 1st, he ate of cucumbers and lobsters, which produced some nausea and diarrhoea. On the morning of the 2d, he suffered somewhat from gastric derangement, and refrained from his usual labor, and for recreation, he went fishing, standing much of the time in the water, during the forenoon. He ate a little dinner, and soon after was attacked with convulsions commencing in the facial muscles, extending to those of the neck, then to the arms and fingers. Those of the right side were most severely convulsed, and the patient, during each paroxysm, always turned from right to left, from his back on to his face, making one-half of a revolution. During the intervals between the spasms he often rose up in bed, expressed surprise at the presence of so many assistants and two physicians, declared that he was not sick, that he felt as well as usual, and then, in the next utterance, wished himself dead, complained of pain in the epigastrium, and then passed into another convolution. They continued, with slight intermissions, from noon until four o'clock, when, after a severe one, in which he violently threw himself on to his face while both physicians were absent for a few minutes, sudden asphyxia occurred, from which he was temporarily aroused by the application of the cold douche over his breast and face. He remained in a comatose state, the spasms having subsided, until he expired, at a little past six.

From the first the pupils were observed to be very much contracted and scarcely movable, and divergent strabismus appeared two or three hours before death.

No treatment seemed to have the least influence over the symptoms.

The diagnosis was that of lesion in the nervous system, but no post mortem was obtained, and this to me interesting case lacks the positive evidence derivable from that source.

Was not the diphtheria a predisposing cause? and were not the exercise of his vision in his business, and his errors in diet, and exposure to dampness and cold, exciting causes of sufficient energy to produce the result?

## Hospital Reports.

JEFFERSON MEDICAL COLLEGE,  
Philad., June 24th, 1868.

SURGICAL CLINIC OF S. W. GROSS, M. D.

Reported by Dr. Napheys.

### Bursa of Patella Ligament.

Mrs. W., at. 48, has a swelling, the size of a pullet's egg, below the right knee, and above the tubercle of the tibia, which is most apparent along the inner side of the ligament of the patella, or that portion of the ligament which intervenes between the patella and the tuberosity of the tibia. It is of a somewhat globular shape, is elastic, and fluctuates. There is no discoloration of the skin; the subcutaneous veins are not enlarged; nor is there any preternatural heat. It was first noticed about eight months ago, and the woman received a blow on the part five months previous to that time. Its growth has been painless, but there is an occasional sensation of soreness, particularly after exercise.

This is not a case of housemaid's knee, properly so called, which is a dropsey of the normal mucous or synovial bursa which is interposed between the patella and the integument. The bursa seated beneath the ligament of the patella, between it and the tibia above its tuberosity, is at fault here, being distended by its natural secretion far beyond its normal limits.

In their natural condition, these closed synovial sacs, be they subcutaneous or deeply seated, are closed bags lined by a pavement epithelium, and secreting a fluid, which rarely more than keeps their inner surface moist. From some local cause, as, for example, pressure, friction, or, as in this case, a blow, chronic inflammation sets in, which results not merely in a hypersecretion, but in positive dropsey. The fluid is albuminous, and, in recent cases, of a pale straw color and of a greasy feel. In more advanced stages, the contents become thicker, and are sometimes

mixed with blood or cholesterine, and it occasionally happens that the sac becomes obliterated by fibrinous exudation.

Dropsy of this bursa cannot be mistaken for any other affection. It is seated too low down for disease of the knee-joint. Its indolent, slow, and painless development, elasticity, fluctuation, circumscribed and globular form, freedom from pulsation, elevated temperature, and enlargement of the superficial veins, serve to distinguish it from other tumors. It sometimes happens that these sacs become the seat of abscess; but then redness, great and diffuse swelling, heat, tension, and constitutional excitement, attend this condition.

These tumors are to be treated upon the same principles as cysts elsewhere. If recent, they may disappear under the local application of tincture of iodine, an acetic solution of hydrochlorate of ammonia, or blisters, the limb being in the meanwhile kept at rest on a splint confined by a roller applied from the toes to the middle of the thigh. A palliative operation may be practised by evacuating the contents of the cyst, and endeavoring to approximate its sides by a compress and a well-applied bandage. But efforts to disperse the tumor by any of these plans generally prove abortive, and some means to effect a radical cure must be instituted. For this purpose some irritating fluid may be thrown into the sac, or a few silk threads may be inserted. The operation by the seton is to be preferred, because by moving the threads backward and forward, exactly the amount of inflammation desired can be excited, and the thread then withdrawn. When an irritating fluid, as the diluted tincture of iodine is injected, on the other hand, the amount of resulting inflammation cannot be controlled; it may be too severe, or be insufficient to bring about obliteration.

The fluid was drawn off by a delicate trocar and canula, when four silk threads were passed through the cyst, and their ends loosely tied together. When the tumor has become about two-thirds of its original size, the threads will be removed, as by that time sufficient lymph to secure obliteration of the sac will have been deposited. Strict rest of the limb was enjoined upon the patient.

### Scirrhus of the Breast.

This woman, at 64, the mother of ten children, has an affection of the right breast, of four years standing. She ceased to menstruate fourteen years ago. Four years ago her attention was first attracted to the right nipple by an

itching sensation, and on lifting the breast there was a bloody discharge from the milk ducts. A short time after a small tumor as large as a hazel nut was observed at the seat of the present growth, at the upper and inner side of the breast.

The physiognomy of the disease is now so marked that its nature cannot be mistaken. It is a peculiar form of scirrhus, atrophic or senile scirrhus, protracted or chronic in its progress. There is retraction of the nipple to a slight extent. In this form of scirrhus, the retraction of the nipple is not so characteristic. The woman complains of sharp, shooting pains. The tumor is of stony hardness, a consistence almost pathognomonic of scirrhus. It is not larger than a small lemon; has a lobulated, inelastic, knobby feel, and can be raised from the subjacent muscles. Around the hardened mass there are little shot like bodies under the skin, secondary cancerous growths. The lymphatic glands of the axilla are enlarged. Lymphatic involvement is of comparatively early occurrence in scirrhus. The circulation in the skin over the enlarged mass on the breast is becoming impaired, and in the course of a few weeks an open ulcer will form there, which will give rise to a sanguous, ichorous, offensive discharge.

An operation was advised, with the view of preventing the formation of an ulcer, which will become the seat of a foul discharge. The axillary involvement is limited; the breast is not adherent to the subjacent tissues; and the secondary cutaneous growths can all be removed with the breast. When ulceration sets in, the neighboring lymphatic glands will become more and more contaminated; the breast will contract firm adhesions to the pectoral muscle, which will eventually partake of the cancerous action; the secondary growths will multiply; the suffering will increase; and the cancerous cachexia will become well marked. For these reasons an operation is not only justifiable, but imperatively demanded. But the patient desires time to think the matter over. In the meanwhile, she was directed to wear a rabbit skin or a piece of piline over the breast, to ward off friction, and break the shock of any accidental blow, which might otherwise excite acute action.

#### Cystic Tumor of the Jaw Bone.

Mrs. A., age 38. About a year and a half ago this patient first had a little pain in the jaw bone. She is now affected with a tumor on the left side of the lower maxilla. It is covered by the mucous membrane of the part, the vessels of

which are somewhat enlarged. The tumor extends from the right lateral incisor back to the second molar tooth of the left side, is smooth, of an irregular ovoid form, about the size of a large hen's egg, and involves both the alveolar and basilar borders of the bone, thinning and forcing away from each other its two plates.

It is not a malignant tumor, because it is of tardy growth, there are no adhesions, infiltration or discoloration of the surrounding soft parts, no involvement of the neighboring lymphatic glands, on appearance of ulceration, and no enlargement of the subcutaneous veins. Cancer of the jaw bone almost always occurs in the form of encephaloid.

The outer and inner walls of the jaw bone are very much expanded, very thin, crackle under pressure, and just over the anterior dental foramen, there is decided fluctuation, the bone having undergone absorption, and been replaced by membrane at that point. It is a cystic growth of jaw bone, not at all uncommon.

These cystic growths are either simple or multilocular, the latter being infrequent. When they acquire a very large bulk, they have had applied to them the names osteo-sarcoma and spina ventosa. As all the teeth have appeared on the affected side of the jaw, the cyst is not a dentigerous one, which it might be assumed to be if one or more of the teeth had never appeared on that side.

Such cysts are to be treated either by evacuating their contents and injecting some irritating fluid, or, if they be of large size, by excising a portion of the jaw bone. This latter operation would not be the proper one to perform here. In this case it would be preferable to excise a small portion of the posterior wall of the tumor, and stuff the cavity with lint, thus setting up a granulating process by means of which the walls of the cyst would contract, and return to their normal relations.

The patient refused, however, to submit to more than the evacuation of the contents of the cyst, which proved to be a gelatinous, straw-colored fluid.

#### Bronchocele.

Mrs. ——, age 29. This woman has hypertrophy of the thyroid gland, first noticed when she was seventeen or eighteen years old. Both the lateral lobes and the isthmus are enlarged, forming a painless growth which is readily distinguished from anything else. It is of slow formation; there is no discoloration of the skin nor enlargement of the subcutaneous veins. When she swallows, it follows the motions of the

larynx. The lobes of the thyroid gland may be so enlarged as to make pressure on the carotid arteries, receiving their pulsation, and simulating aneurism. But when the patient bends forward the tumor may be separated from the cervical vessels, thus establishing the diagnosis.

Goitre is not at all uncommon in the mountainous regions of our own country, particularly in Vermont. In the Alps it is frequently combined with cretinism. On cutting into it, it would be found to consist of the normal structure of the gland, hypertrophied and interspersed with numerous small cysts containing a serous fluid.

This tumor might be treated by starvation, by tying the thyroid arteries. This procedure has not been attended with very promising results. A seton might be passed through it, as first recommended by CELSUS. But such an operation would be very dangerous. Again, the gland might be extirpated, which has been done with success. But no surgeon at the present day would think of performing this extremely bloody and fatal operation. In treatment, dependence must be had upon sorbefacient remedies. It was in this affection that iodine first obtained its reputation in the form of burnt sponge.

The patient was directed to live on light diet for a week, and to take every other night, five grains of blue mass, five of jalap and one of ipecacuanha, in order to prepare her stomach for the administration of six drops of Lugot's solution of iodine, largely diluted with water, three times a day. Locally she was directed equal parts of compound iodine ointment and camphorated mercurial ointment, to be rubbed in twice a day.

#### A Parasite in the Brain.

A very interesting paper was lately read before the Boston Society of Natural History by Professor JEFFRIES WYMAN, and published in the society's proceedings, vol. xii. It was on a thread worm which infests the brain of the snake bird (*Plotus anchinga*, Lin.) The parasite is always found just behind the cerebral lobes and on the cerebellum and not elsewhere.

They were present in seventeen out of nineteen cases, and so far from affecting the health of the bird, seemed to be its normal condition.

This is a valuable contribution to the natural history of entozoa.

— According to statistical returns from India, it appears that, in 1866, in the Presidency of Madras alone, there were 1890 deaths from bites of serpents.

## Medical Societies.

### BALTIMORE MEDICAL ASSOCIATION.

*Subject for discussion—SCARLATINA.*

Reported by J. W. P. Bates, M. D.

Dr. FAY opened the discussion by reading an essay on the subject, in which he gave a resume of the symptoms, diagnosis, sequelæ, etc.

Dr. GILMAN said that this disease was not recognized until the latter part of the last, or the beginning of the present century. WITHERING first described it. In 1690 it was mentioned by SYDENHAM and others, but their notions were very vague. Now it is so frequently met with that it is easily recognized. The exciting causes are obscure, but it depends upon a specified poison which, without doubt, is contagious or infectious. The period of its incubation is uncertain. There is no positive prophylactic. HAHNEMAN spoke of belladonna being such, and in 1819 it was used in an epidemic in Germany, and out of 119 children exposed, only fourteen took the disease. A large dose was used in another instance and all escaped. A number of physicians have testified to its good effects, but others say it has no beneficial influence on the disease. I have used it frequently, and where it has not prevented the disease it has so modified it that fatal cases are comparatively rare. The sequelæ usually depend upon improper treatment. This disease is purely a blood-poison, and the treatment should be by elimination. Dropsey and other sequelæ are never seen where the secretions are kept free; they all result from retained poison. My treatment is elimination by keeping up the action of the skin and kidneys by means of diuretics and diaphoretics. I also use chlorine. I cannot recall a single fatal case in my practice.

Dr. ARNOLD said this subject may be most profitably discussed by each one telling his experience. Belladonna has entirely disappointed the expectations of its great virtues as a prophylactic. It was introduced by HAHNEMAN and Dr. HUFELAND was won over by the number of favorable cases. In course of time experiments were made with it in Germany, France, England and America, which were unfavorable and did not corroborate the former statements. I have used it frequently in a practice of twenty years, and the negative results have entirely overpowered the positive. To one child in a family I gave belladonna, to another I gave nothing, and the result was the same. It has failed in

public institutions, and the profession generally is agreed as to its uselessness. A very small proportion of children exposed to scarlatina take the disease whether we do or do not give belladonna. There is hardly any data in regard to the treatment. In some epidemics almost all of those attacked get well, whilst in others a very large proportion die. We are ignorant of the specific poison which produces it. All exanthemata (with hardly any exceptions) will attack persons but once. Some say that one attack exhausts the matter in the blood, and destroys the nidus. This, however, is a flimsy explanation. What is the thing which gives nutriment to this specific poison, and which this explanation assumes is present but once in a life time? It occurred to me that it might be explained in a different manner. Infantile life is peculiar. Croup is peculiar to children, and is not the same in the adult. There seems to be something peculiar to childhood which favors exudation of lymph, and these poisons may find something in the blood of childhood which is not found in that of adults, and which favors their influence. It is highly important to know by what symptoms to form a proper prognosis. I judge often from the color. When the rash is of a clear, bright, scarlet color, nothing dusky about it, we generally form a favorable prognosis. In the anginose variety, when there is great inflammation of the fauces, when the tumefaction of the pharynx is of a bright pinkish red, not spongy, the prognosis is favorable however the other symptoms may be. When there is tumefaction about the neck the prognosis is favorable if the feeling on touching is doughy and soft, not hard like cartilage. One sequelae of scarlatina, hydrothorax, is frequently overlooked. The attention is usually directed to the dropsy and the effects on the kidney. Hydrothorax and even pyothorax are frequently present, and are very obscure and quite fatal. This disease is but little under the control of medicine. Cleanliness, rest, diet, keep up the functions of the skin, etc., the best that we can do.

Dr. KINNEMAN said that he was not a contagionist and believed that this disease was governed mainly by atmospheric influence. It was epidemic here 25 years ago. It started in the eastern part of the city, then left and appeared at the western end. It was very malignant and not recognized as caused by contagion. I consider sore throat an unerring symptom, and have never seen a case without it. There is very little difficulty in distinguishing it from other epidemic diseases as it always commences with vomiting.

I never saw any good from belladonna. Mild cases require but little treatment, except keeping the kidneys active. I used to bleed in my early practice, but in malignant cases this was generally fatal and now I am afraid to leech or blister.

Dr. JONES said that he considered scarlatina to be a zymotic and infectious disease, but not contagious. It is the result of some specific poison in the blood which so acts upon the fluids that second attacks are prevented. There are three varieties, viz., simple, anginose, and malignant. The most important point in the consideration of the disease is the sequelae, as scrofula, atorrhœa, renal affections, anasarca, etc. Of these the most important are the renal affections and anasarca. The latter makes its appearance about the 30th day, and is more frequently met with in mild cases from want of attention and taking cold. Acute nephritis is produced, and dropsy, hydrothorax and albuminuria follow. Sometimes a very troublesome bronchitis follows, which may end in death. Mild cases require but little treatment. In the malignant, eliminatives, vapor bath, tonics, etc. It is necessary to find some antidote to the specific poison, and the combination of quinine, tr. ferri chlor., and muriatic acid is nearer a specific than any other.

Dr. ERICK said that it is usually asserted that if women are attacked within three days after delivery the case is almost always fatal. He knew of two cases which were so attacked, yet they both recovered.

Dr. ARNOLD said that one of the most common sequelæ is uræmia. Some succumb as by shock. In these cases cerebral symptoms are the most common, which some have attributed to arachnitis or effusion in the ventricles, and for which they have directed their treatment to the brain. This is a false notion. The cause is that the urea in the blood is not eliminated by the kidney. FRERICHS has proved by experiment that the urea is converted into ammonia. Practitioners are in the habit of giving up such a case as hopeless, but it is not necessarily so, for hot baths will do much good. For the asthenia Dr. JONES proposes tonics. These cases gradually recover, but it is not owing to the tonic treatment. The formation of red corpuscles is a very slow process, and I cannot see that iron facilitates it. The same state of things may be seen in chlorosis, where the return to health is very slow, not from the want of iron, but probably from some derangement of innervation. More benefit will result from good air, warm clothing, nourishing food and sunshine than from medicines. All know the great improvement in the treatment of smallpox,

introduced by SYDENHAM, in allowing good air, water, etc., and I think the same treatment is available in all the exanthemata.

Dr. HELSBY said that it is well known that urea is isomeric with cyanate of ammonia, the only difference being in the arrangement of the atoms. A slight change may therefore give rise to serious trouble.

Dr. NOEL inquired whether any gentleman had noticed any symptoms similar to those of poisoning by hydrocyanic acid, especially the asthmatic symptoms.

Dr. ARNOLD said that asthnia is generally a very favorable symptom in poisoning by hydrocyanic acid, and I do not remember having seen it in scarlatina, but only coma and convulsions. In regard to the chemical changes, there is some body introduced which interferes with the metamorphosis of tissue. The treatment should be directed to the skin. No antidote has been suggested by chemistry.

Dr. HELSBY. The sulphites and hyposulphites have been used, but I cannot say from my own experience whether they are worthy of trust or not.

Dr. WILLIAMS. Does Dr. JONES deny the contagiousness of scarlatina? If so, I cannot agree with him, for I cannot believe that it is not contagious any more than I can believe that small-pox and measles are not contagious. All diseases accompanied by desquamation are not only contagious but portable. Scarlatina has been known to be retained in woollen clothes for 18 months to 2 years. A fact of this kind would be proof positive of its contagiousness. An important question is: When does the power to reproduce itself cease? This is frequently a puzzling question in practice. In regard to the chemical view of the subject as presented by Drs. ARNOLD and HELSBY, it is well to remember that organic chemistry in the human body is different from that under our eyes, because it is modified by the vital process. The sulphites and hyposulphites ought to be and would be specifics if chemical treatment were correct. I am not willing to trust to them when death seems imminent. Then I give stimulants. I have seen cases die in 12 hours from asthenia without coma or convulsions; others in 4 hours from convulsions, others from coma. If the poison acts chemically why such different results? I am afraid the theory is not confirmed by experience.

Dr. NOEL. What are the symptoms of this asthnia?

Dr. WILLIAMS. Nothing but prostration. I am not satisfied with Dr. ARNOLD's treatment,

and am afraid he has gone too far in his opposition to medical treatment. Tepid sponging or baths are undoubtedly good, but almost all cases demand active interference. Mild cases will get well but malignant ones require prompt action. Diffusible stimuli will frequently avail much. I remember one case in which I was summoned three times because they thought the child was dying. I gave carb. ammon. and quinine, and in three hours the benefit was plainly to be seen. I never abandon a case so long as the child is alive.

Dr. JONES. I do not believe the disease is truly contagious, for that implies contact. It is propagated in the same manner as malaria, and is dependent upon local causes. There must be some predisposition in the system, for one child in a family may have the disease and all others escape.

Dr. ARNOLD. If a child has coma and convulsions they cannot be owing to any other cause than that some nerve centre has felt the force of this change, and they do not harmonize with the other symptoms of asthnia.

Dr. WILLIAMS. At what period in the disease is it contagious, and when does the power to reproduce itself cease? We are often worried by patients and their friends inquiring when it will be safe to bring those home who have been removed to escape the disease. So far as my reading and experience goes, this is a very undecided and indefinite question. If we believe the books it admits of no answer. Cases are mentioned of the disease having been contracted from the clothes after two years. Dr. CHAPMAN reports a case in which the family went to the country during the summer, yet nine days after their return one of the children contracted the disease and died. Is this really contagion or only a coincidence? Another question: What relation do scarlatina and diphtheria bear to each other? Is it similar to that existing between phlegmonous erysipelas and puerperal fever? I have seen so many cases of scarlatina and diphtheria running into each other, that I think there must be some intimate relationship existing between them. I treat them both alike by tonics and stimulants. The albuminuria of scarlatina differs from that of Bright's disease in that, so far as my experience goes, nearly all recover. We find albumen, tube-casts and other things usually considered pathognomonic of Bright's disease in these cases, yet the result is different from that met with in true disease described by Bright.

Dr. ARNOLD. With regard to the contagiousness of scarlatina there is one peculiarity in common

with the other exanthemata. In syphilis any one exposed will be affected, while in exanthemata another element must be present beside the specific poison. There must be some peculiar state of the atmosphere and of the system to produce the effect. These diseases are not the same but are convertible into a low form of fever. The time may come when we can refer all the forms to a common principle. Diphtheria belongs to the same type that scarlatina does, and is very easily converted into a low form of zymotic disease. We either treat upon general principles, or are dependant upon empirical remedies, for our books leave us in the lurch. I generally give the advice to keep children away from home as long as there are any cases of the disease in the neighborhood.

DR. ERICH spoke of the effects of disinfectants in purifying the house, and advocated the use of sulphurous acid and heat.

## EDITORIAL DEPARTMENT.

### Periscope.

#### Drug Inspections.

We have occasionally spoken of the propriety of instituting some kind of a check on the adulteration of drugs. The Cincinnati Academy of Medicine has lately been moving in the matter. At its instigation a committee lately was appointed which presented to the Board of Health a recommendation that an Inspector of Drugs should be appointed. His duties are defined to be "to examine and test all such articles as are kept in drug stores, and that are used in any way or manner in compounding or preparing medicines, or used as remedies for the cure of diseases. All drug-stores located within the city limits should be subject to inspection, and all retail establishments shall be inspected at least twice each year. All medicines manufactured, prepared or compounded for the cure of diseases, and sold, or offered, or intended for sale in this city, under any name or title whatever, shall be subject to inspection. The Inspector shall keep a book in which he shall daily record the results of his inspections, giving the name and his opinion of the quality of the article inspected, the name of the person or persons who are reported to have been the manufacturer or compounder of such articles, also the place and date of such inspection, and the name of the owner or agent of any such articles inspected. The Inspector shall also examine and note the manner

and care with which medicines are kept and handled; he shall also examine and test the scales, weights and measures in use in every drug store. The Inspector shall report in writing to the Board of Health every month, and whenever required to do so, the name of the owner of each drug store examined, and shall state the quality and condition of the medicines and drugs kept in such store: the precaution observed for the prevention of accident that may be incident to or grow out of handling, compounding and selling of medicines; also the respect paid to, and the observance of, the United States laws regulating the sale of poisons, and also his opinion as to the qualifications of the owner or agent, and the various clerks and other persons employed in such stores.

"The Inspector shall not in any case give certificates to owners or agents of drug stores, nor to the manufacturer of medicines of the quality of the medicines found therein, nor as to the qualification of any persons, employes in any such store, but shall report to the Board of Health concerning such facts as above specified.

"Each retail druggist, or the agent of such store, shall pay the Inspector two dollars and a half for such inspections made of his establishment; each wholesale drug store and such drug houses as do a wholesale and retail business, shall pay the Inspector ten dollars for each inspection; every owner or agent of a drug mill, and of each establishment manufacturing or carrying on the business of compounding medical decoctions, tonic bitters, cough mixtures, or syrups, or medicines, compounds of any kind made under any name whatever, shall pay the Inspector twenty dollars for each and every inspection made of every such establishment in this city."

#### Congress of Physicians and Naturalists.

The Forty-second Congress of German Naturalists and Physicians is now sitting at Dresden, where the royal riding school, properly fitted up for the purpose, has been liberally granted by the government. It was opened in the presence the Crown Prince ALBERT, the State Ministers VON FALKENSTEIN and VAN NOSTIZ and a number of celebrities. The opening speech by the venerable President, Court Councillor, DR. CARAS, of Dresden, member since 1822, greeted in appropriate terms the assembly, which was next addressed by the Vice-President, DR. SCHLÖMITSCH, followed by his Excellency, VON NOSTIZ who requested the floor in order to greet the Congress on behalf of the Saxon government.

Professor Dr. VIRCHOW, the well known eminent pathologist, who was loudly applauded, next addressed the assembly. He dwelt upon the necessity of reorganizing instruction in natural science as soon as the system of armed peace under which the people groaned heavily, should be abandoned by despotic governments. If Europe would maintain its high position for intelligence, another form of instruction must be found. Natural science should no longer remain in that position it has passively held for so long a period within the State. It must be taught in all schools, untrammeled by sectarianism, and not for material results only, but for the advancement of general culture. Its opponents speak of its dubiety, but everything that progresses, everything living is naturally subject to change. Therefore knowledge must not be dogmatically transmitted, but its origin must be generically explained and comprehended. The efficiency of the press in popularizing science gives each one the means of following out its progress on a sure basis. A previous speaker had thanked governments in matters respecting the eclipse; he must, however, add that a plain, simple journalist had been the first to incite expeditions. If the fallibility of natural science is spoken of, it is no less observable in other branches. Even the rigidity of dogmas is subject to change, and the same church which damned a GALILEO, has sent the renowned astronomer, M. SECCI, a Jesuit, to observe the eclipse, amounting only to a shadow. "Let us hope," said Professor VIRCHOW, "that a durable peace will afford the opportunity to mankind of obtaining a correct knowledge of creation. Freedom of thought is the most essential. But it is indispensable to possess self-knowledge, self-vision, and self-sacrifice. Where this is lacking, it must be supplied by instruction, by museums, etc., which not only show what exists, but how it exists. May the press assist, as it has done almost exclusively till now, so that each one may become what he should be, a mentally independent being."

At the conclusion of this peroration, His Majesty, King JOHN, conversed with Professor VIRCHOW and other notabilities, and soon after, the meeting adjourned, to assemble again on the following day.

— ALBRECHT THEODOR MIDDELDORFF, the eminent Professor of Surgery, died at Breslau on the 29th of July. He introduced the galvanoelectric, and made other valuable contributions to the science of medicine. He was born July 3d, 1824.

## Reviews and Book Notices.

### NOTES ON BOOKS.

A French lady, the widow of a celebrated physician in one of the agricultural districts of France, has written, under the title, *Le Docteur au Village*, a familiar treatise on hygiene and the laws of health, for the benefit of the unlearned rustics in her native country. The book gives, in the form of dialogues between a countryman and his doctor, a regular and most excellent series of lectures on the methods by which the health of individuals, families, and communities should be preserved. The style is so perfectly simple that a child may profit by reading the volume.

A fair translation of Madame MOUNIER's book would be a valuable addition to our popular hygienic literature.

"Cholera as it appeared in Fort Smith, Arkansas, in the Fall of 1866; with a few Thoughts on the Nature of the Disease and its Treatment," is the title of a pamphlet of seven pages written by Dr. E. R. DUVAL, and published at Fort Smith, Ark., last year. It fills up a chapter in the history of that dreaded disease and should find a place in the library of collectors.

A useful treatise for those who are interested in life insurance, and who are sufficiently posted in German and the calculus to master it, is W. LAZARUS' *Über Mortalitätsverhältnisse und ihre Ursachen*. (Hamburg, 1867, pp. 40.) He approaches the question of the chances of life from a somewhat different point of view from his predecessors, and suggests a new formula for computing the tables.

The *November Magazines* are promptly on our table. The *Atlantic Monthly*, one of our best monthlies—of so established a reputation that it can occasionally afford to try the patience of its readers with an indifferent article. The *Galaxy* comes with an attractive table of contents. It seems to be a part of the plan of the publishers (Sheldon & Co., N. Y.,) to give a communication in each number from a medical man. Dr. T. E. CLARK contributes a very good article to this number on Indigestion. There is, besides, the usual quantum of light, historical, and miscellaneous reading. The illustrations form a distinguishing feature of this magazine, and they are well executed.

The Juvenile magazines reach us in force. Our *Young Folks* (Ticknor & Fields, Boston);

*The Rivereide* (Hurd & Houghton, N. Y.); *The Children's Hour* (T. S. Arthur & Son, Phila.); and the *Little Corporal* (Alfred L. Sewell, Chicago); all possess features of excellence that makes it hard to choose between them. *The Little Corporal* appears this month in a new and very neat dress. It is the cheapest of this class of magazines, being only one dollar a year and well worth twice the money.

**Transactions of the Fifteenth Annual Meeting of the Medical Society of the State of North Carolina, May, 1868. Wilmington, N. C., 1868.** 1 vol., paper, pp. 70.

**Proceedings of the Convention for the Organization of the Nebraska State Medical Society, held in Omaha, Nebraska, June 24th, 1868. Omaha, 1868.** 1 vol., paper, pp. 28.

The North Carolina Society exhibits commendable signs of professional activity. It is peculiarly gratifying to witness this, in view of the depression which now exists in social and intellectual life throughout the South. Quite a number of physicians were in attendance at the meeting which was held at Warrenton, and several of the papers submitted for publication are fully worthy of being preserved.

The Modern Treatment of Internal Inflammations, by Dr. W. A. B. NORCOM, Gunshot and Bayonet wounds healed by the First Intention, by Dr. E. PORTER, and Sundry Surgical Cases, by Dr. J. F. SHAFFNER, are the titles of the most conspicuous. The amended Constitution of the Society and full minutes of the meeting are included.

The State Society of Nebraska has been organized under fair auspices, and with a respectable roll of members. Dr. S. D. MERCER, of Omaha, being Permanent Secretary. This first of its publications contains its constitution, minutes, and code of ethics. May it be the first of many, all prompted by the same intelligent spirit.

**Klinik der Ohrenkrankheiten, Ein Handbuch für Studirende und Aerzte von Dr. S. Moos, Praktischer Arzt und Docent an der Universität in Heidelberg. Mit 26 in den Text gedruckten Holzschnitten. Wien, 1866. WILHELM BRAUMÜLLER.** 1 vol. 8vo. pp. 348.

This is an excellent practical work on disease of the ear. It is divided into two parts, one general the other special. The former treats of the physical examination of the middle and inner ear. Here the subjects of rhinoscopy and pharyngoscopy, the examination and catheterism of the Eustachian tube, the Politzer manometer for detecting the vibrations of air in the tympanic cavity, and HELMHOLTZ's theory of the percep-

tion of tones, are carefully discussed, and with sufficient fulness for the general student.

The special portion is taken up with the diseases of the outer, middle, and inner ear and Eustachian tube, with careful direction for their diagnosis and treatment.

The paper and type are admirable, such as we almost never see in a medical book published in this country, and the woodcuts are executed with great skill.

A large number of clinical cases are given, in illustration of the principles and practice of the author.

**Transactions of the Eighteenth Anniversary Meeting of the Illinois Medical Society, held in Quincy, May, 1868. Chicago : 1868.** 1 vol., paper, 8vo., pp. 110.

This volume contains the minutes of the meeting and a number of original articles. The latter are a report on Chronic Inflammation of the Hip Joint, by Dr. R. G. BOYNE; one on Spinal Curvature, by Dr. F. O. EARL; Improved Form of the Endoscope, by Prof. E. ANDREWS (increasing the light by burning a magnesium wire); Report on the Pathology and Treatment of Epidemic Cholera, by Prof. N. S. DAVIS; Report of the Committee on Ophthalmology, by Dr. H. H. ROMAN; two short articles by Dr. E. L. HOLMES, one on Position in the Treatment of Chloroform Poisoning, (already quoted in the REPORTER,) and on Carbolic Acid in Conjunctivitis; a Report on Obstetrics, by Dr. E. W. MOON; an Improved Form of the Obstetrical Bandage, by Dr. J. O. HAMILTON; a Supplementary Report on Practical Medicine, by Dr. E. P. COOK; and finally a volunteer communication on Lithotomy, by Dr. PRINCE.

Too much of this volume by far comes to us as what *JUVENAL* calls "twice cooked cabbage," *bis crambé repetita*. Gentlemen, in our opinion, have no right to have essays published at the expense of state societies which they likewise insert in medical journals. If they are worth "setting up" twice, they will receive that compliment after the Society's Transactions appear.

The action of the State Society with reference to the Quincy Medical Society seems to have been unsatisfactory. Discussion of the subject was "choked down."

We give elsewhere some extracts from the contents of the volume, which on the whole is very creditable to the society.

Professor HUXLEY has at length arrived at the conclusion which American craniologists—Dr. J. A. MEIGS for example—have long maintained, viz., that no one shape of the skull is characteristic of the different races of man.

## Medical and Surgical Reporter.

PHILADELPHIA, OCTOBER 24, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Editors.

### REDUCTION OF PRICE.

It will be observed that in the Prospectus of the HALF-YEARLY COMPENDIUM, published herewith, we announce a REDUCTION OF PRICE in the REPORTER AND COMPENDIUM, by Prepaying Postage on all paid Subscriptions.

This arrangement will date from January 1st, 1869.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

### HIP JOINT OPERATIONS DURING THE WAR.

A discussion of considerable interest to surgical science has been going on the last eight or nine months in various medical publications. It is on the relative mortality of hip joint operation during the late war. Statistics on the one side are presented by Dr. GEORGE A. OTIS, U. S. A., the editor of the *Surgical History of the Rebellion*, and on the other by Dr. PAUL F. EVE, of Nashville, both very competent and well known Surgeons. The report of the latter was published in the *Transactions of the American Medical Association*, while that of the former was issued as a Circular from the Surgeon General's Office.

The number of cases tabulated was not large on either side, twenty coxo-femoral amputations being reported as performed on the Southern side, while in the Surgeon General's office the entire number now recorded as performed by medical officers of the United States Army during the war is only thirty-three. It would not be remarkable in comparing series of figures so limited as these to find considerable disproportion in the results, and such at first was supposed to be the case. Dr. EVE was persuaded that there

was 20 per cent. of recoveries in the Southern, and about eight or ten per cent. in the Northern service. Dr. EVE's deductions were, however, scrutinized critically by a reviewer in the *Buffalo Medical and Surgical Journal*—with undue severity, their author thought, though authors are apt to think this when criticised at all. Their correctness was questioned, and it was intimated that partiality for the side on which he was during the war had warped his judgment. To this he replied with considerable warmth, defending the accuracy of his data, and in turn attributing the reviewer's scepticism to sectional feeling.

In the July number of the *American Journal of the Medical Sciences*, and in the August number of the *Buffalo Medical and Surgical Journal*, Dr. OTIS—at whose request Dr. EVE collected the statistics he published, and who had made a most careful analysis of all the operations on both sides—reviews very impartially and very thoroughly the whole subject, and throws at least very serious doubt on the assertion that in the Northern army there was, as Dr. EVE had stated, "a fatality nearly four times greater than on the Southern side,"—in fact, almost turns the tables, and makes it appear as if the record told quite the opposite story.

It is not our design, nor is it in place for us to enter at large into this discussion. We could not do it without rehearsing details which those interested can easily find elsewhere. But as an item of medical history it has its interest to all, and as influencing the action of Surgeons in future wars, it is of the gravest importance. It were most reprehensible in any Surgeon to allow his wish to magnify the skill of his companions in service so to blind him to his duty to his fellow-man and to scientific truth as to lead him to treat the reports of this most dangerous operation with other than the most unbiased, deliberate, searching criticism.

Let us hope that no personal or partisan acrimony will appear in the search for truth, and that both sides will contribute to our knowledge of military surgery, without alluding to feelings which should now for ever be forgotten.

## Notes and Comments.

### The Half-Yearly Compendium.

A distinguished physician in the State of New York, who is well known as a writer and teacher, in speaking, in a private letter, of the COMPENDIUM, says: "I do not hesitate to commend it to the medical profession of the United States as eminently worthy their patronage. I know no similar work, not excepting *Ranking* and *Braithwaite*, which I think so practically useful to a physician as your COMPENDIUM. It is more useful, indeed, to an American practitioner, inasmuch as it gives a synopsis of all important essays, articles, and cases contained in our own medical journals, which the foreign Abstracts pass over, for the most part, unnoticed. But it is diseases, as modified by our own climate, habits, and customs of life, locality, etc., that the practitioner of our country desires to understand, and should be familiar with, if he aims at much usefulness or success in his profession. Your COMPENDIUM fulfills this object very satisfactorily. It is comprehensive in its scope, systematic in its arrangement, and supplied with a full table of contents. It is printed, moreover, on excellent paper, in a fair, large type. The names of your collaborators are a sufficient guarantee that the work will continue to be well done. I trust it may meet with the patronage and success which its merits so well deserve."

### The Daily Pocket Record.

Orders now receiving for the *Pocket Record* will be held for a new and revised edition which is preparing, and will soon be issued. This edition will have a newly invented *Spring Casp*, instead of the ordinary tuck which is so apt to tear and give trouble. It can hardly fail to give satisfaction. The *List of New Remedies* has been thoroughly revised as well as other portions of the work.

### The Reporter in Europe.

A subscriber in New York city, who has been spending some time in Europe, writes: "I was very glad to find your MEDICAL AND SURGICAL REPORTER in Europe, in the best scientific societies, and regarded as one of the best papers."

To the above might be added testimonials almost without number, of the regard in which the REPORTER is held in all parts of our own country. It is our desire to make it in all respects a creditable representative of American medical journalism, and to this end we earnestly

solicit the coöperation of all our subscribers and readers.

### The Globe Pessary.

This instrument which has been described in the advertising columns of the REPORTER has been supplied to quite a number of physicians, and so far as we have learned, has given very satisfactory results. It is simple and easy in application, is readily retained, and can always be kept clean.

We have used it in two very obstinate cases in our own practice with complete success. Of the many hundred pessaries in the market we class it with the best.

### Sale of Books.

A sale of valuable medical and miscellaneous books will be held at the auction rooms of Messrs. MARTIN Bros., 529 Chestnut street, on Friday, October 30. They will be on exhibition for three days previously. Catalogues can be obtained and orders executed at this office.

### The American Aloe.

Messrs. BROWN and KOLLOCK, druggists, of this city offer to furnish physicians gratuitously with the oleo resin and dilution of this plant. It is said to have been found useful as a diuretic and in debility of the genital organs.

### Abuse of the Franking Privilege.

The newspapers have called attention to a great many abuses of the franking privilege, but none, perhaps, more glaring and inconsistent than the following, alluded to by a correspondent of the *New York Tribune*. We would premise that DEMAS BARNES is a noted Patent Medicine Proprietor and Dealer in New York, and a member of Congress:

"Under the frank of DEMAS BARNES, M. C., I have received a circular, from which I send you this extract:

Lyon's Magnetic Rat Pills, price per doz.....	\$—
Mexican Mustang Liniment, price per doz.....	—
Good's Syrup, price per doz.....	—
Darley's Heave Remedy, price per doz.....	—
Vaughn's Lithontripic, price per doz.....	—
We propose to create a demand for the above articles—a demand worthy of your attention.	DEMAS BARNES & CO.

\* \* \* \* \*

"It is bad enough, I think, Mr. Editor, to ask people to swallow such medicines, but it is a little too much to pick their pockets while doing it—that is what robbing the Post-Office in the above manner amounts to."

The correspondent thinks that Mr. BARNES sets

Oct. 24, 1868.]

## CORRESPONDENCE.

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a bad example to Mr. Ready Relief Helbold, Mr. Sarsparilla Radway, Mr. Pain Paint Burnett, and Mr. Cocaine Wolcott. They will all be boring for Congress nominations!

## Roger and Bouchut.

Dr. L. P. YANDELL, Jr., of Louisville, Ky., writes to the *Atlanta Medical and Surgical Journal*:

"I am charmed with Roger and Bouchut, at the Children's Hospital. Bouchut is fully six feet high, erect and graceful, and in his elasticity of manner reminded me of Dr. Gross. Roger is a diminutive, round specimen of a man, not more than five feet two, and the gentlest mannered man at the bed-side that I have ever seen. He patted, and fondled, and soothed his little patients as you see tender mothers do their sick children, and whenever he had occasion to disturb or fatigue one of the little sufferers by a more than usually tedious examination, he rewarded it with pennies. As a lecturer he is remarkably humorous, and constantly excites the laughter of his students. In the sick room he is soothing; in the lecture room he is sparkling."

## Fouger's Cod Liver Oil.

We take the following from the *Richmond and Louisville Medical Journal*:

Both in this State and in Virginia, private practitioners have been questioned in regard to their experience with this preparation and the testimony has, without exception, been extremely favorable. The general belief is, that the oil is equal to any that is made, and that the blending, pharmaceutically, of iodine and bromine with it, produces more satisfactory results, than where good oil and some preparation of iodine are given separately. The out-door department of Bellevue Hospital has, under unfavorable circumstances, experimented largely with this preparation and with excellent effects. The editor of the *Cincinnati Lancet and Observer* states, that he has "used this oil, in the dispensary of the Miami Medical College and in private practice, with great satisfaction. The addition of iodine and bromine evidently increases the efficiency of the original oil."

All the testimony received has been equally satisfactory and it is believed, that this oil can, with safety and justice, be recommended to the profession.

[~~1868~~ Readers of the Reporter are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which

contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."]

## Correspondence.

## DOMESTIC.

Poisoning from Tincture of Aconite Root.  
Editors of MEDICAL AND SURGICAL REPORTER:

I was hastily summoned on the afternoon of October 5th to see a child, to whom had been administered through mistake, a teaspoonful of the tinct. aconite root. The child had been ill for some days with fever, and at the time was under the care of another physician, who was not then available. At his last visit he had made two prescriptions, the one to be taken internally at stated intervals, the other to be diluted and applied to head to relieve pain. The mother in her eagerness to wait upon the boy gave a teaspoonful of the preparation to be used externally.

More than an hour had elapsed between the taking of the medicine and my arrival at the house; why the delay I do not know, as the distance was but a few squares. I found the patient, a boy six years of age, so much prostrated that had there been an epidemic of cholera, and had I no examination to aid me or any previous history, but had to depend upon the appearance of the patient, I would undoubtedly have pronounced it a collapsed state of cholera. The skin was cold clammy, and livid, with a profuse perspiration, there was no pulse to be felt at the wrist, the action of the head was quite feeble and very irregular, the capillaries were scarcely able to be refilled when their contents were poured out. The head was cold, the eyes were natural in appearance, except the dilatation of the pupil, which was extreme, and not at all susceptible to the effects of light. The facial expression was haggard, the nose pinched, the breathing extremely labored, the lungs were filled with mucus, the rattle of which could be distinctly heard in any part of the room. I often feared the little fellow might suffocate from the accumulation of mucus in his throat. His bowels moved several times involuntarily. He continued in this condition for not less than two hours, but during the whole time he could be aroused and made to respond to my commands to "clear the throat," if spoken to sharply.

An emetic had been given before my arrival,

which in all probability saved the life of the child, still I cannot but think that if left then, he would have died; it acted, but not freely. I could see no indications of treatment except that of extreme stimulation. I began the administration of brandy freely; the application of a large mustard poultice to the breast, which I allowed to remain until it blistered; bottles and jugs of hot water to the extremities; this constituted the whole of my treatment. Oftentimes it was with the greatest difficulty that I could cause him to swallow, and frequently I was compelled to relieve him of the accumulated mucus by the introduction of my finger into the throat.

Several times before reaction had taken place, emesis came on, and he was relieved of great quantities of thick tenacious and stringy mucus and with each act I noticed a sensible relief of the patient, from which I conclude, that should I be called to see another case in the same or an earlier stage, I would administer immediately a vigorous emetic, and follow this by the stimulating plan adopted in case above-named. Acconite is a dangerous article and should be used with the greatest care, notwithstanding it is a favorite remedy with the homœopaths, by whom it is given in all febrile diseases. The dose is from two to five drops. How much must have been taken up by the stomach of my patient, it is impossible for us to form even an approximation, but it certainly must have exceeded five drops.

He recovered without any further trouble, and was able much to my surprise and the gratification of his family to take his *next dose* from the other bottle in six or seven hours from the time of the administration of the last.

WILLIAM HAYS, M. D.

Covington, Ky.

#### Hypsulphite of Soda.

EDITORS MEDICAL AND SURGICAL REPORTER:

In the summer of 1867, four cases of severe remittent fever occurred on board the U. S. S. Dacotah, lying at Panama. The first case was treated with mercurials, refrigerants, diaphoretics, and anti-periodic doses of quinine sulphur; complete recovery took place, and intermittent fever did not follow the disease.

The three last cases were treated with the hypsulphite of soda, as I had a suspicion that yellow fever might be present, that disease prevailing on shore at the time. They recovered in about two weeks, but all soon became affected with intermittent fever, which yielded to quinine sulphur.

The hypsulphite was given in scruple doses,

dissolved with a wineglassful of water, every two hours, night and day. When it could not be borne by the stomach, thirty grains were given by enema, with the same intervals.

At the expiration of four days, two of the patients appeared so much better that I suspended the remedy; this was followed, in about twelve hours, by a return of all the symptoms in their original violence. The use of the medicine was recommended, and after six or seven doses, the disease was again under control.

I also treated two cases of intermittent facial neuralgia with scruple doses of the remedy, given four times daily. The disease remained in abeyance while the medicine was being used, but returned whenever it was suspended for five or six days. One of the patients had been affected for several years, and he believed that the hyposulphite relieved him more than quinine sulphur, iron, or FOWLER's solution. The want of permanency in its remedial effect may have been due to the fact that the patients remained at so malarious a place as Panama. The other patient had also rheumatism, and he received more benefit than the first, probably from the action of the soda on the latter disease.

A. A. HÖHLING, M. D.,  
Surgeon U. S. Navy.  
Philadelphia, Sept. 18th, 1868.

#### Hot Water Treatment of Sunstroke.

[The notice of the method of treating *coup de soleil* by hot water, which we published some months since, has been extensively copied by European journals, and we take great pleasure in laying before our readers details of the plan pursued by DR. HERRON.—EDS.]

EDITORS MED. AND SURG. REPORTER:

I had the pleasure of reading in your valuable Journal of the 15th inst., Vol. xix., No. 7, an extract from the Cincinnati *Chronicle*, giving an account of my cases of sunstroke.

As you requested information upon any medical or surgical treatment of disease, whereby the profession and public might be benefitted, I write out the following particulars:

Since the publishing of the above-mentioned cases, I have had one other, and it has increased my faith in the "hot water treatment."

My first case of sunstroke, Mr. Loyd J. (a street car conductor) fell from the effects of the heat, about 100 yards from my office, was carried in, and my aid solicited. His pulse was slow, and labored, with extremities cold, the end of his nose, too, was very cold, and life almost extinct. Every muscle was relaxed, and he was fully un-

conscious. I immediately applied very warm water (with large cloths,) to his head, protecting his clothes with large towels. I also freely washed his face and neck with very warm water. I gave him internally three  $\frac{3}{4}$  of good brandy diluted, at irregular intervals, (as he had been a strictly temperate man, its use proved effectual.) This stimulated his internal organs, excited the circulation, and gave almost instant relief by carrying away the blood from the brain and heart, where it seemed to be stagnant, thereby equalizing the circulation. In his delirium he said his head was on fire, and called for ice water. Before he fully returned to consciousness, he had thirteen (13) spasms, followed by extreme weakness. Such complete exhaustion I have never seen follow any acute disease.

I kept the young man in my office, from Thursday, 5 o'clock P. M., until Saturday evening, when I accompanied him to the depot, that he might return to his home in the country. While convalescing, I gave him tea, with beef, and other nourishing soups, and kept him very quiet.

My second case was a Mr. S. When called to see him, I found his negro man applying ice-water to his head, I immediately changed from cold to hot water, and put his feet in hot salt water. He told me his suffering was in his head, with complete prostration. He had been in the sun, most of the day, and at about 2 o'clock P. M., feeling badly, called on a physician down town, who prescribed some pills; these he took and they operated upon his bowels, but gave no relief. He fell, just as he arrived at his home, and I was summoned. I treated him as I had my first case, with this exception. He had been in the habit of using alcoholic drinks, so I used as an internal stimulant, liquor ammoniae acetat. He told me that the cold water his servant had applied, increased his suffering and stupor, but that as soon as I commenced my hot water treatment he felt easier and better. In four (4) hours, the patient's mind ceased to wander, and he felt no pain, but extreme prostration. At the end of the second day, he walked with ease and safety.

My third case was that of a servant girl, Mary E. She had washed during the day, exposed to the rays of the sun, and, as she informed me, had eaten very heartily. I gave her an emetic, unloading her stomach of undigested food; this gave great relief, then followed my treatment as in the other cases, (first especially) with the same glorious result.

In these cases, I found the skin dry and hot,

but in less than two hours, profuse sweating took place, with frequent desire to urinate. In these cases where the urine is retained, evil consequences are apt to follow,—viz., uremic poison.

One very noticeable feature in these cases was, that with returning strength came vigor and activity of mind and memory, which is not the fact, in severe cases of sunstroke, when ice or ice-water has been used. I know of several persons whose mind and memory have never fully returned. One case happened twenty years ago, and the man has been silly, and forgetful ever since, and is easily affected by the heat of the sun. Those treated as nature demands (with hot water,) quickly recover both health and strength of body and mind.

I have made very diligent inquiry on this subject, and as far as I can learn, those who have not recovered, died while ice or ice-water was applied to their head, and other portions of their body. A few days ago, a man fell, near my office, from the effects of the sun's heat, and was carried to a hydrant near by, and held under its cool current, and died while the water was pouring upon him.

I know few have used the hot-water treatment, but I have never heard of a death where it has been adopted. I base its use on general physiological laws, and have verified its success, in hospitals as well as private practice.

THOMAS G. HERRON, M. D.

Cincinnati, O.

## News and Miscellany.

### Discovery of Phœnician Relics.

An important discovery of Phœnician and Greek antiquities has been made at the village of Dali, in Cyprus, the site of the ancient Idamum, the capital of one of the four kingdoms, and the site of one of the largest temples of Cyprian Venus. The surface covers a Greek burial-place of seven or eight acres. The Greek graves are only about three feet deep: but six or seven feet underneath comes numerous Phœnician tombs, all oven-shaped, and closed in with large blocks of stone. On these being removed, the air within is often so foul as almost to stifle the laborers employed. In these, vases with Phœnician inscriptions and statuettes of Phœnician women are found. The numerous articles, Phœnician and Greek, include gold ear-rings, medallions, finger-rings, statuettes, necklaces, etc.; silver bracelets, rings, spoons, coins, copper and bronze spear-heads, lances, battle-axes,



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